

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029572

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310

Primary Registration District No. 305-8

Registrar's No. 462

FILED JUL 24 1963

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY ST. CHARLES	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. CHARLES		c. CITY OR TOWN ST. CHARLES	
Length of stay in 1b 8 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSP.		d. STREET ADDRESS (If outside, give location) 208 BOONSLICK	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last COLLETTE ALICE BURTON		4. DATE OF DEATH Month Day Year JULY 19 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6 MARCH 1936
9. AGE (last birthday) 27		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (City and state or country) WELLSTON, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME STEVEN MARESCHAL		13b. MOTHER'S MAIDEN NAME MARGARET SASNRATH	
14. NAME OF HUSBAND OR WIFE ARNOLD BURTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Address ARNOLD BURTON, ST. CHARLES, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Aspiration - Vomitus Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH few minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 7/16/63 to 7/19/63 and last saw her alive on 7/19/63 . Death occurred at 7:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE O. K. Shui (Degree or title) M.D.		22b. ADDRESS 140 N. Kings Highway	22c. DATE SIGNED 7/22/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 22 July 1963	23c. NAME OF CEMETERY OR CREMATORY HOWELL CEMETERY	23d. LOCATION (City, town, or county) ST. CHARLES COUNTY, MO.
24. FUNERAL DIRECTOR PRINSTER-BAUE F.H.	ADDRESS ST. CHARLES, MO.	25. DATE RECD. BY LOCAL REG. July 22 - 1963	26. REGISTRAR'S SIGNATURE Mabel Humwalt, Dep.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK

OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

DATE AMENDED

VS 300
Rev. 4/59

VS 300
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JUL 29 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Freddie W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.